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o a collection of information unless it displays a valid OMB control number.

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			Substitute	for Form PTO	-875			109/	7373	124
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA				RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					<u></u>	OR		s		
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = .				x s=		OR	x s=			
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = .				× \$=		OR .	x \$=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$=		OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	· ·
,, ,,,,										
CLAIMS AS AMENDED – PART II					SMALL E	NTITY	OR	OR OTHER THAN SMALL ENTITY		
	48/04	(Column 1)	<del></del>	(Column 2) HIGHEST	(Column 3)			1	RATE	ADDI-
₩ LN		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RAIL	TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	·51	Minus	79	·	x \$=		OR	x s=	- 0
밁	Independent (37 CFF 1.1%(c))		Minus	4	=	x s=		OR	x s 88 =	88.
AME		ATION OF MULTIPLE	DEPENDE	OT CLAIM (37 CF)	R 1.16(d))	÷ \$ =		OR	+s=	
-	Plag					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	PAID
		(Column 1)		(Column 2)	(Column 3)					,
<b>8</b> L7		CLASS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37.015.1.15(c))	*	Minus	**	=	x s=		OR	x s=	
AMENDMENT	Indexe ndent (37 CFR 1.16(b))	•	Minus	•••	=	x \$=		OR	x s=	
AME.		TATION OF MILITIPE	F DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+5 =		OR	+ \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)		<del></del>	1		<del></del>
<b>9</b> L7		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total (37 CFR 1.16(c))	AMENDIALITY	Minus	••	=	x \$=		OR	x s=	
	Independent (37 CFR 1.16(b))	·	Minus	***	=	x s=		OR	x s=	ļ <u>.    </u> '
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$=		OR	+ \$_=	<u> </u>	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	• If the entry in •• If the "Highes"	column 1 is less th t Number Previous		y in column 2, wr IN THIS SPACE IN THIS SPACE						

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, uspection including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.